

MISSOURI DIVISION OF HEALTH—STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-001602

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Register No. 149Primary Registration District No. 1002 Registrar's No. 214VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF
B. Casebolt MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) St. Joseph Hospital		d. STREET ADDRESS (If outside, give location) 4232 Charlotte	
3. NAME OF DECEASED (Type or print) JAMES C. GRANT		4. DATE OF DEATH Month Jan. Day 11 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-3-1897
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) (ret.)		10b. KIND OF BUSINESS OR INDUSTRY Cont. Baking Co.	
11. BIRTHPLACE (City and state or country) Henderson Co., Texas		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME James Coleman Grant		13b. MOTHER'S MAIDEN NAME Gunstansen	
14. NAME OF HUSBAND OR WIFE Ursula C. Grant		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Ursula C. Grant--4232 Charlotte, K.C., Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) nephritis DUE TO (b) atherosclerosis DUE TO (c) myocarditis		INTERVAL BETWEEN ONSET AND DEATH 1 Month 1 year 1 year	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 40		PART. III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 7:10 a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 40	
21. I attended the deceased from Dec 1, 1962 to Jan 11, 1963 and last saw him alive on 1-11-63 Death occurred at 9 pm on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE M. Casebolt (Degree or title)	
22b. ADDRESS 4000 Ashmun		22c. DATE SIGNED 1-12-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-14-63	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
23d. LOCATION (City, town, or county) Kansas City, Missouri		23e. DATE RECD. BY LOCAL REG. 1-14-63	
24. FUNERAL DIRECTOR Mellody-McGilley-Eylar		25. REGISTER'S SIGNATURE Oruth Long	

USE BLACK INK

OR

TYPEWRITER RIBBON

SEE REVERSE SIDE

M.B. Casabelt
4000 Baltimore

VA 1-5115

Sat. 2:30 - 6 PM

CALL WHEN READY
MELLOY MCGILLEY EYLA FUNERAL HOME
WA 1-7717

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Flord A. Rickman

Licensed Embalmer No. 5120

P. O. Address D.C. 11, 720

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.